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KANSAS HEALTH POLICY AUTHORITY

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KHPA Taking Next Step in Modernizing Health Records
Stimulus Grant to Fund Planning for Medicaid Health Information Technology

(TOPEKA) – Anyone who's ever had to seek emergency medical treatment while traveling away from home knows how hard it can be to access their health records from far away. The same is true for those who've ever tried to relocate an elderly relative to a nursing home in Kansas from one in another state. Even in this age of high-tech electronic communication, many of us still have health records stored on paper form filed away in cabinets, or in some other form that is not easily transferred from one place to another.

To help bring health care into the age of information, there is a nationwide effort underway to modernize health records and make it easier to transfer them securely among health care providers who need to see them. And thanks to a federal grant that was recently announced, the Kansas Health Policy Authority will soon begin its role in planning for the use of modern Health Information Technology (HIT) in Kansas.

The Centers for Medicare and Medicaid Services (CMS) recently awarded KHPA a $1.7 million grant to fund the initial planning process for deploying HIT within the state Medicaid system and Children's Health Insurance Program. Currently, those two programs cover more than 315,000 Kansans, or about 11 percent of the state's population.

"We're fortunate that this project is being funded by the federal government," said KHPA Acting Executive Director Andy Allison. "This is a difficult time to launch new projects and new initiatives, but the push toward HIT is a top priority for medical providers throughout Kansas."

KHPA's efforts are closely coordinated with a larger statewide effort to develop and implement a plan for health information technology and exchange. Governor Mark Parkinson has designated Kansas Department of Health and Environment Secretary Rod Bremby to lead the statewide planning effort. To advise in this process, Secretary Bremby has convened a broad group of stakeholders to address the key barriers to the use of HIT, including the need for protections ensuring the privacy and security of personal health information, the need for rules governing the exchange of health records, the need to design and assign responsibilities for the technology

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that will be used to exchange health records, and the identification of ongoing sources of funding for this kind of technology. KHPA participates in the statewide effort and carries a specific responsibility to represent Medicaid providers in the process.

"The real goal here is to improve the quality of health care in Kansas and to improve health care outcomes," said Dr. Barb Langner, Acting Medicaid Director at KHPA. "When your health care providers have secure access to your records, it's easier for them to give the right kind of care. Putting these records in electronic form makes it possible to review records for missing treatments and to improve prevention. It also makes it easier for providers to avoid duplication and avoid costly mistakes like prescribing the wrong medication. So in the end, it not only improves quality, but it can also lower costs."

The grant, which was funded through the American Recovery and Reinvestment Act (ARRA), also known as the stimulus bill, will cover 90 percent of the cost of the planning phase.

The money will be used to survey health care providers to find out what kinds of HIT are already being used in Kansas; develop clear plan for the kind of HIT environment that Medicaid providers and state agencies need; and chart a roadmap for achieving full implementation of HIT among Medicaid providers in Kansas.

"We already know, for example, that about 90 percent of health care providers are already using electronic billing," Langner said. "In addition, we also know a large number of providers already use electronic prescriptions. But we need to know what other kinds of record storage and sharing are being used out there, what kind of systems the provider community would eventually like to have in place, and how we can go about making all those systems work together. And we need to know how the challenge of implementing HIT in our core Medicaid providers might differ from other providers."

Once the plan is completed, it will be submitted to CMS and the Office of the National Coordinator for Health Information Technology. If approved, it will be used as the basis to apply for additional grants to fund implementation and deployment of the HIT system in Medicaid.

The plan is expected to be completed and ready for submission before Dec. 31, 2010.

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